## Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	9-24-2013	Address:	CR 200 W and CR 100 N
Incident #:	13ISPC009626		Angola, IN 46703
<b>County</b> :	Steuben		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
<ul><li>☑ Operational Lab</li><li>☐ Chemical/Glassware/Equipment (only)</li><li>☐ Dumpsite (only)</li></ul>		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all that	<b>l: Location</b> (bedroom, kitchen, open air, ot apply) or Birch Reaction(s): <u>Ditch</u>	<u>etc)</u>	
Red Phosphorous/Iodine Reaction(s):			
Mydrochl	oric Acid Gas Generator(s): <u>Ditch</u>		
⊠ Flammab	le Solvents: <u>Ditch</u>		
☐ Water Re	active Metal (Lithium):		
Anhydrou Anhydrou	us Ammonia:		
□ Corrosive	e Acid: <u>Ditch</u>		
□ Corrosive	Base: <u>Ditch</u>		
Other (ite	m and location):		
Vehicle Info	rmation:		
Owner: VIN: Year:		Make: Model:	
Yes No	<u>age 18 discovered</u> (check appropriate) (number present) not present but evidence they reside	unclean Estimated le occurring:	itions of home:  clean disarray  ngth of time manufacturing had been  nformation:
This report	has been faxed* or emailed to the fo	llowing agencies th	at serve the location:
Health Depar	nent City, Township or County <u>Angola</u> rtment County: <u>Steuben Co</u> of Child Services Hotline: <u>dcshotlinere</u>	Fax: Email	
	ormation regarding this methamphetar Officer: <u>S/Trp. Tim Myers</u> Phon	mine laboratory, con e <u>260-432-8661</u>	tact
*This form is to b	be faxed to the Fire Department, Health Depar	tment and/or Departmen	at of Child Services listed within 24 hours of

scene processing.